SYMPTOMS LOG

Rate the symptoms from **0** (none) to **10** (Very Severe)

Rate your symptoms once a week.

WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 7 WEEK 8 WEEK 9

PAIN

<u>PAIN</u>								
knees								
hips								
elbow								
shoulder								
Back Pain								
Bleeding Gums								
Night Sweats								
Hair Loss								
blotchy skin								
Eczema								
Pimples								
Psoriasis								
MS								